

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>BE</i>	<i>897</i>	<i>05-03-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>SG</i>	<i>1077</i>	<i>6/20/01</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      0 ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy